

Credential Application

Remit to:
 State of Wisconsin
 Department of Commerce-Credentialing
 P.O. Box 78780
 Milwaukee WI 53293-0780
 Phone (608) 261-8500
 TDD #: (608) 264-8777
 7:45 a.m. - 4:30 p.m.

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)].

THE CREDENTIAL WILL NOT BE PROCESSED UNLESS YOU:

- A. Sign and date this form;
- B. Submit a complete application with all blanks filled in or marked non-applicable;
- C. Attach the specified fee; and
- D. Attach documents if specified on this application.

Instructions: Please review the pre-printed information in the boxed portions of this application. Clearly print corrections or new information where needed. Please use a color of ink other than black. **Be certain to sign and date the application.** The applicant's social security number is mandatory information. **Make a photocopy of the completed application for your records.**

By signing below, the applicant swears that all information provided on this application is true, accurate and that the credential requirements are met. **Notice: Information collected may be used for participation surveys, eligibility for approvals, law enforcement (including child support and tax delinquency enforcement) purposes and other secondary purposes. The Department may also provide this information to requesters pursuant to Wisconsin's open records law, ss. 19.31-19.39 stats. Social security numbers are required when applying for a license according to Wisconsin Stats. But they may not be disclosed to anyone except other State of Wisconsin governmental agencies.**

Applicant's Signature	Date (mo/day/yr)
Applicant Information	
Applicant's Social Security No:	
Applicant's Name (First, Middle and Last):	
Address No. & Street, or P.O. Box:	
City, Town or Village, State, Zip + 4 Code:	
Country, If Other Than United States:	
Telephone No. (include area code):	
If Available, Fax No. (include area code):	
If Available, Internet Address:	

PIPE LAYER REGISTRATION

Application and Credential Fee (nonrefundable): \$100.00 class code 7630

Make checks payable to: Department of Commerce. The fee consists of a \$10 application fee and a credential fee of \$90. The \$90 credential fee has been prorated because the credential expires on a specific date. The credential will be effective for 2 years from March 31st. Office location: 201 W. Washington Ave, Madison. Mailing address: PO Box 7082, Madison, WI 53707.

Reason for Credential: Except as provided under s. 145.06 (4) Stats., and pursuant to s. 145.06, Stats., no person may install plumbing unless the person holds a credential issued by the department as a licensed master plumber, licensed master plumber-restricted, licensed journeyman plumber, licensed journeyman plumber-restricted, registered plumbing apprentice, registered plumbing learner-restricted, registered utility contractor or registered pipe layer.

Requirements of Credential: The plumbing activities that may be undertaken by a person who holds a credential as a licensed utility contractor or registered pipe layer shall be limited to the installation or modification of water services, private water mains, sanitary building sewers, storm building sewers and private interceptor main sewers. A person who holds the credential shall carry on his or her person the credential issued by the department while performing or conducting the activity or activities permitted under the credential.

Pursuant to s. 145.07 (11), Stats., a person who holds a credential as a registered pipe layer may install or modify water services, private water mains, sanitary building sewers, storm building sewers, or private interceptor main sewers under the general supervision of a licensed utility contractor, licensed master plumber, or a licensed master plumber-restricted service.

Qualifications for Credential: A person applying for a pipe layer registration to install plumbing shall be at least 18 years old.

Fill in the applicant's birth date (month/day/year, example 04/02/60):